

ANTENATAL CLINIC QUESTIONNAIRE

FORM C

MUT6number:

Clinic name:

**Questionnaire processing dates:**

Consent form	<input type="text"/>
Corrections completed	<input type="text"/>
Data entered	<input type="text"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
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Questions to be asked to clinic staff on a daily basis

Q101	<b>Interviewer</b>		<input type="text"/>													
Q102	<i>Which of these HIV PMTCT counselling &amp; testing services are available at this clinic today?</i>	HIV counselling HIV testing Clinical staging for ART	<table border="1"> <tr> <td></td> <td>Y</td> <td>N</td> </tr> <tr> <td><input type="text"/></td> <td>1</td> <td>2</td> </tr> <tr> <td><input type="text"/></td> <td>1</td> <td>2</td> </tr> <tr> <td><input type="text"/></td> <td>1</td> <td>2</td> </tr> </table>		Y	N	<input type="text"/>	1	2	<input type="text"/>	1	2	<input type="text"/>	1	2	- Q104 if 'Yes'
	Y	N														
<input type="text"/>	1	2														
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Q103	<b>Record reason(s) testing was not available today. May be more than one reason.</b>	No qualified CT staff today Test kits out of stock or expired Too busy Other (specify) _____	<table border="1"> <tr> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>8</td> <td><input type="text"/></td> </tr> </table>	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	8	<input type="text"/>					
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Q104	<i>Which of the following PMTCT regimens are you providing at your clinic today?</i>	MER Single dose NVP Other (specify) _____ None	<table border="1"> <tr> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>9</td> <td><input type="text"/></td> </tr> </table>	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	9	<input type="text"/>	- Q106 - Q106 - Q106				
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Q105	<i>Record reason(s) PMTCT drugs were not available today. May be more than one reason.</i>	No qualified staff today Drugs out of stock or expired Too busy Other (specify) _____	<table border="1"> <tr> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>8</td> <td><input type="text"/></td> </tr> </table>	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	8	<input type="text"/>					
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Questions to be asked to pregnant woman

Q106	<b>Consent obtained:</b>	Yes No	<table border="1"> <tr> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> </tr> </table>	1	<input type="text"/>	2	<input type="text"/>																	
1	<input type="text"/>																							
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Q107	<b>Date:</b>	Month & Year	<table border="1"> <tr> <td>mnth</td> <td>yr</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	mnth	yr	<input type="text"/>	<input type="text"/>																	
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Q108	<i>Did you take part in this antenatal study when it was last conducted three years ago?</i>	Yes No Don't know	<table border="1"> <tr> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>98</td> <td><input type="text"/></td> </tr> </table>	1	<input type="text"/>	2	<input type="text"/>	98	<input type="text"/>															
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Q109	<i>How many antenatal check-ups have you had for this pregnancy before today's visit?</i>		<input type="text"/>																					
Q110	<i>In what month and year were you born?</i>		<table border="1"> <tr> <td>mnth</td> <td>yr</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	mnth	yr	<input type="text"/>	<input type="text"/>																	
mnth	yr																							
<input type="text"/>	<input type="text"/>																							
Q111	<i>How old were you at your last birthday?</i>	<b>Check consistency with Q110.</b>	<input type="text"/> yrs																					
Q112	<i>What is the highest grade of school you have completed? For "years", enter number of years at highest level reached.</i>	None Primary Secondary Higher	<table border="1"> <thead> <tr> <th>Level</th> <th>Years</th> </tr> </thead> <tbody> <tr> <td>0</td> <td><input type="text"/></td> </tr> <tr> <td>1</td> <td>1-7 <input type="text"/></td> </tr> <tr> <td>2</td> <td>1-6 <input type="text"/></td> </tr> <tr> <td>3</td> <td>1-6 <input type="text"/></td> </tr> </tbody> </table>	Level	Years	0	<input type="text"/>	1	1-7 <input type="text"/>	2	1-6 <input type="text"/>	3	1-6 <input type="text"/>											
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3	1-6 <input type="text"/>																							
Q113	<i>What is your usual place of residence? n.b. might differ from CURRENT residence*.</i>	Name of place	_____																					
Q114	<i>How far is your home from this clinic? Go to Q116 if this is the nearest clinic to home.</i>		<input type="text"/> km																					
Q115	<i>Why are you attending the clinic here instead of your local clinic? * i.e. to be with mother at time of birth.</i>	Staying with mother/mother-in-law* Visiting relatives (other) Here to buy/sell produce or shopping Better quality of care Lower cost More confidential Stigma (staff unfriendly etc.) PMTCT service available here Don't have to have an HIV test here Other (specify) _____	<table border="1"> <tr> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>4</td> <td><input type="text"/></td> </tr> <tr> <td>5</td> <td><input type="text"/></td> </tr> <tr> <td>6</td> <td><input type="text"/></td> </tr> <tr> <td>7</td> <td><input type="text"/></td> </tr> <tr> <td>8</td> <td><input type="text"/></td> </tr> <tr> <td>9</td> <td><input type="text"/></td> </tr> <tr> <td>10</td> <td><input type="text"/></td> </tr> </table>	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>	7	<input type="text"/>	8	<input type="text"/>	9	<input type="text"/>	10	<input type="text"/>	
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Q116	<i>What type of place is your usual place of residence? Roadside here means a tarred road.</i>	Large town or city (e.g.: Mutare) Small town (e.g.: Rusape) Growth point (e.g.: Hauna) Commercial estate/mine (e.g.: Katiyo) Roadside business centre (e.g.: Gatsi) Rural business centre Communal/resettlement area	<table border="1"> <tr> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>4</td> <td><input type="text"/></td> </tr> <tr> <td>5</td> <td><input type="text"/></td> </tr> <tr> <td>6</td> <td><input type="text"/></td> </tr> <tr> <td>7</td> <td><input type="text"/></td> </tr> </table>	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>	7	<input type="text"/>							
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Q117	<i>How long have you been living in this area? i.e.: the USUAL place of residence.</i>	Years Since birth Visitor	<table border="1"> <tr> <td><input type="text"/> yrs</td> </tr> <tr> <td>995 <input type="text"/></td> </tr> <tr> <td>996 <input type="text"/></td> </tr> </table>	<input type="text"/> yrs	995 <input type="text"/>	996 <input type="text"/>	- Q119																	
<input type="text"/> yrs																								
995 <input type="text"/>																								
996 <input type="text"/>																								
Q118	<i>What type of place was your previous place of residence?</i>	Enter code from Q116.	<input type="text"/>																					

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q119	How old were you when you first had sex?	Age (years) <input type="text"/> yrs	
Q120	Have you ever been married or in a long-term or cohabiting relationship? "Long-term" if 12 months or more.	Yes 1 <input type="text"/> No 2 <input type="text"/>	- Q125
Q121	How old were you when you first entered such a relationship?	Age (years) <input type="text"/> yrs	
Q122	How many of these relationships have you been in in your lifetime?	<input type="text"/>	
Q123	Are you currently widowed, divorced or separated from your most recent spouse/partner?	Widowed 1 <input type="text"/> Divorced 2 <input type="text"/> Separated 3 <input type="text"/> Still in union 4 <input type="text"/>	
Q124	Estimate number of months before child will be delivered.	<input type="text"/> mnth	
Q125	How many children have you given birth to who were alive at the time they were born?	<input type="text"/>	
Q126	How many pregnancies have you had that ended in a stillbirth?	<input type="text"/>	
Q127	In the last few months have you been in good health, experienced recurring minor illnesses or been seriously ill?	Good health 1 <input type="text"/> Recurring sickness 2 <input type="text"/> Serious illness 3 <input type="text"/>	
Q128	Have you ever received treatment for a sexually transmitted disease?	Yes 1 <input type="text"/> No 2 <input type="text"/>	
Q129	Were you offered an HIV test during this pregnancy?  If 'yes', ask whether accepted and, if not, reason.	Yes - tested 1 <input type="text"/> Yes - decided against, already knows HIV+ 2 <input type="text"/> Yes - decided against, other reasons 3 <input type="text"/> No 4 <input type="text"/>	- Q133 - Q141
Q130	Was your spouse/partner (father of the child) offered HIV counselling and testing at the same time?	Yes: & took it up 1 <input type="text"/> Yes: but declined 2 <input type="text"/> No 3 <input type="text"/>	
Q131	Go to Q141 if answer to Q129 is (3)		
Q132	If you feel comfortable sharing, was the result of this / your last HIV test positive?  Stress confidential but voluntary.	Yes 1 <input type="text"/> No 2 <input type="text"/> Did not collect results 3 <input type="text"/> Don't know 98 <input type="text"/> Prefers not to say 99 <input type="text"/>	- Q139 - Q139 - Q139 - Q139
Q133	Did the clinic staff check to see if you had symptoms that might mean you need drugs to protect you from AIDS? (i.e. ARVs)	Yes: previously 1 <input type="text"/> Yes: today 2 <input type="text"/> No 3 <input type="text"/> Don't know 98 <input type="text"/>	- Q135 - Q135
Q134	Were you referred to a doctor to be assessed for ARVs?  If referred previously, ask whether has attended.	Yes: referred previously & attended 1 <input type="text"/> Yes: referred previously, not yet attended 2 <input type="text"/> Yes: referred today 3 <input type="text"/> No 4 <input type="text"/>	
Q135	Are you receiving drugs to prevent HIV from causing AIDS? i.e. the woman herself is on ART.	Yes 1 <input type="text"/> No 2 <input type="text"/>	- Q137
Q136	For how long have you been taking drugs that prevent HIV from causing AIDS? (i.e. ART)	Enter '0' months if just started. <input type="text"/> mnth <input type="text"/> yr Never taken 99 <input type="text"/>	
Q137	How many children do you have who have been given ART?	<input type="text"/>	- Q139 if '0'
Q138	How many of these children have passed away after being on ART?	<input type="text"/>	
Q139	Have you been offered any drugs to protect your current baby from getting infected with HIV/AIDS?  Stress confidential but voluntary.	MER 1 <input type="text"/> Single dose NVP 2 <input type="text"/> ART 3 <input type="text"/> Other (specify) _____ 4 <input type="text"/> Name of drugs unknown _____ 5 <input type="text"/> No 6 <input type="text"/> Prefers not to say 8 <input type="text"/>	- Q141 - Q141 - Q141
Q140	So far, have you taken all of these drugs at the recommended times?	Yes 1 <input type="text"/> No 2 <input type="text"/> Don't know 8 <input type="text"/>	
Q141	Is your spouse/partner (father of the child) taking ART?	Yes 1 <input type="text"/> No 2 <input type="text"/>	